RS-16 REV. 2007

EMPLOYEES' RETIREMENT SYSTEM OF THE CITY OF NEW ORLEANS 1300 PERDIDO STREET, ROOM 1E12 NEW ORLEANS, LA 70112

WAIVER OF PENSION AND ANNUITY RIGHTS

I request a distribution of my accumulated contributions from the Employees' Retirement System of the City of New Orleans. I release and relieve the City of New Orleans, and the Board of Trustees of the Employees' Retirement System of the City of New Orleans of any and all obligations whatsoever for any pension or annuity which I may have earned or which may be due to me, my heirs or designee(s).

I understand that by withdrawing my accumulated contributions and interest, I will forfeit any right which I have or may have to a pension or annuity from the Employees' Retirement of the City of New Orleans.

I further understand that as of January 1, 1994, the City of New Orleans Retirement System is required to withhold 20% of my taxable amount (interest and contributions made after 01/01/94) or allow me to rollover the taxable amount into an IRA or Mutual Trust Fund.

| NAME | | | | |
|---------------------|----------|---------------|----------|--|
| | | RINT) | | |
| SIGNATURE | | | | |
| ADDRESS | | | | |
| | (STREET | NUMBER) | | |
| (CITY) | (STATE) | | (ZIP) | |
| SOCIAL SECURITY # | / | | DATE | |
| THIS FORM MUST BE W | ITNESSED | BY TWO (2) PI | ERSONS). | |
| WITNESS 1 | | | | |
| NAME | | | | |
| ADDRESS | | | | |
| (CITY) | | (STATE) | (ZIP) | |
| WITNESS 2 | | | | |
| NAME | | | | |
| ADDRESS | | | | |
| (CITY) | | (STATE) | (ZIP) | |